north dakota
department of
human services

ND Medicaid
Managed Care Organization (MCO)
Encounter Claim Adjustments and Voids
Processing Guidelines

May 31, 2018

Adjustment/Void Flow

Adjustment/Void Processing Explanation

There are specific requirements involved with processing of encounter adjustments/voids in the North Dakota Medicaid Management Information System (MMIS). Trading Partners/managed care organizations (MCOs) need to be aware of these requirements when submitting their encounter adjustment/void claims.

If an MCO adjusts a claim, it will be necessary that a void of the encounter claim last processed by ND MMIS be submitted prior to a "new" original encounter claim being submitted by the MCO. This ensures that ND MMIS is always processing the most current encounter claim.

Technically, the void of the encounter claim will have the ANSI X12N Technical Report 3 Electronic Data Interchange (EDI) HIPAA transaction loop 2300-CLM05-3 (Frequency Code Type) = 8).
The "new" original encounter claim will have 2300-CLM05-3 = 1.
See the ND 837 Companion Guides for further assistance at
http://www.nd.gov/dhs/info/mmis/guides.html

The void encounter claim needs to include the MCO's document control number (DCN). This would be located in the Patient Control Number (CLM01) element on the ANSI ASC X12 837 claims encounter format. This will be returned on the ANSI X12 835 Electronic Remittance Advice from ND MMIS and will be the means to track a void back to the original claim in the MCO's processing system.

Example Scenarios

Below are scenarios to assist in further explaining the requirements of the ND MMIS.

The scenarios are based on an assumption that the monthly MMIS adjudication cycle will be processing claims received from the 16th of the previous month through the 15th of the current month.
For presentation purposes, the following examples are based on an assumption that ND MMIS processes encounter claims on a monthly cycle from the 16th - 15th of the month.

In addition, we'll assume ND MMIS processes the encounter claim on the 15th of the month.

The encounter payment cycle will normally process on the 2nd Wednesday of the month, with allowances in flexibility to shift the date in cases where the regular payment cycle may process on the same day due to holidays or unforeseen circumstances.

Scenario Detail

1. Original claim submitted to ND MMIS

   a. Claim voided in MCO system in following cycle
   b. Claim voided in MCO system in the same cycle
   c. Claim adjusted once in MCO system in following cycle
   d. Claim adjusted multiple times in MCO system in following cycle
   e. Claim adjusted once in MCO system in the same cycle
   f. Claim adjusted multiple times in MCO system in the same cycle

Scenario #1a - Original claim submitted, claim voided in MCO system in following cycle:

When the MCO has received a claim from the provider, the claim will be adjudicated within the MCO's system and reimbursement to the provider made as appropriate.

The provider then realizes a submission error and submits a void claim to the MCO. The MCO then processes the void claim. This takes place after the 15th of the month.

Scenario #1a example timeline:
- 1/1 - the claim was submitted to the MCO by the provider
- 1/5 – the claim is processed by the MCO
- 1/15 - the original encounter claim is submitted to ND MMIS
- 1/15 – ND MMIS adjudicates the encounter claim and creates the electronic remittance advice (835) that is returned to the submitting MCO
- 2/1 – a void claim is submitted to the MCO by the provider
- 2/5 – the void claim is processed by the MCO
- 2/15 - the void encounter claim is submitted to ND MMIS using either the ND MMIS TCN or the MCO DCN as an indicator to identify the original encounter claim to void
- 2/15 – ND MMIS adjudicates the void encounter claim and creates the electronic remittance advice (835) that is returned to the submitting MCO

Scenario #1b - Original claim submitted, claim voided in MCO system in the same cycle:

When the MCO has received a claim from the provider, the claim will be adjudicated within the MCO's system and reimbursement to the provider made as appropriate.

The provider then realizes a submission error and submits a void claim to the MCO. The MCO then processes the void claim. This takes place prior to the 15th of the month.

The MCO will submit the original encounter claim and the void encounter claim to ND MMIS. It is required that the void encounter claim be submitted after the original encounter claim (either later in the same file or in a file that is submitted later, separately). The void claim should be populated with the MCO's DCN of the original claim.

Scenario example timeline:
- 1/1 - the claim was submitted to the MCO by the provider
- 1/5 – the claim is processed by the MCO
- 1/8 – a void claim is submitted to the MCO by the provider
- 1/10 – the void claim is processed by the MCO
- 1/15 - the original encounter claim is submitted to ND MMIS
- 1/15 - the void encounter claim is submitted to ND MMIS using the MCO DCN as an indicator to identify the claim to void
- 1/15 – ND MMIS adjudicates the encounter claims (original and void) and creates the electronic remittance advice (835) that is returned to the submitting MCO

Scenario #1c - Original claim submitted, claim adjusted once in MCO system in following cycle:

When the MCO has received a claim from the provider, the claim will be adjudicated within the MCO's system and reimbursement to the provider made as appropriate.

The provider then realizes a submission error and submits an adjustment claim to the MCO. The MCO then processes the adjustment claim. This takes place after the 15th of the month.

Scenario example timeline:
- 1/1 - the claim was submitted to the MCO by the provider
- 1/5 – the claim is processed by the MCO
- 1/15 - the original encounter claim is submitted to ND MMIS
- 1/15 – ND MMIS adjudicates the encounter claim and creates the electronic remittance advice (835) that is returned to the submitting MCO
- 2/1 – an adjustment claim is submitted to the MCO by the provider

- 2/5 – the adjustment claim is processed by the MCO
- 2/15 - the void encounter claim for the original claim is submitted to ND MMIS using the ND MMIS TCN or the MCO DCN as an indicator to identify the claim to void
- 2/15 - the "new" original encounter claim is submitted to ND MMIS after the void encounter claim
- 2/15 – ND MMIS adjudicates the void encounter claim, then the "new" original encounter claim, and then creates the electronic remittance advice (835) that is returned to the submitting MCO

Scenario #1d - Original claim submitted, claim adjusted multiple times in MCO system in following cycle:

When the MCO has received a claim from the provider, the claim will be adjudicated within the MCO's system and reimbursement to the provider made as appropriate.

The provider then realizes a submission error and submits an adjustment claim (#1) to the MCO. The MCO then processes the adjustment claim. This takes place after the 15th of the month.

Again, the provider realizes a submission error on the adjustment claim #1 and submits an adjustment claim (#2) to the MCO. The MCO then processes this adjustment claim. This takes place after the 15th of the month.

Scenario example timeline:
- 1/1 - the claim was submitted to the MCO by the provider
- 1/5 – the claim is processed by the MCO
- 1/15 - the original encounter claim is submitted to ND MMIS
- 1/15 – ND MMIS adjudicates the encounter claim and creates the electronic remittance advice (835) that is returned to the submitting MCO
- 2/1 – an adjustment claim(#1) is submitted to the MCO by the provider
- 2/5 – the adjustment claim(#1) is processed by the MCO
- 2/7 – an adjustment claim(#2) is submitted to the MCO by the provider
- 2/10 – the adjustment claim(#2) is processed by the MCO
- 2/15 - the void encounter claim for the original claim is submitted to ND MMIS using the ND MMIS TCN or the MCO DCN as an indicator to identify the claim to void
- 2/15 - the "new" original encounter claim(#1) is submitted to ND MMIS after the void encounter claim
- 2/15 - the void encounter claim for "new" original #1 is submitted to ND MMIS using the MCO DCN as an indicator to identify the claim to void

- 2/15 - the "new" original encounter claim(#2) is submitted to ND MMIS after the associated void encounter claim for "new" original #1
- 2/15 - ND MMIS adjudicates all the encounter claims, and then creates the electronic remittance advice (835) that is returned to the submitting MCO

Scenario #1e - Original claim submitted, claim adjusted once in MCO system in the same cycle:

When the MCO has received a claim from the provider, the claim will be adjudicated within the MCO's system and reimbursement to the provider made as appropriate.

The provider then realizes a submission error and submits an adjustment claim to the MCO. The MCO then processes the adjustment claim. This takes place before the 15th of the month.

Scenario example timeline:
- 1/1 - the claim was submitted to the MCO by the provider
- 1/5 – the claim is processed by the MCO
- 1/7 - an adjustment claim is submitted to the MCO by the provider
- 1/10 – the adjustment claim is processed by the MCO
- 1/15 - the original encounter claim is submitted to ND MMIS
- 1/15 - the void encounter claim for the original claim is submitted to ND MMIS using the MCO DCN of the original claim as an indicator to identify the claim to void
- 1/15 - the "new" original encounter claim is submitted to ND MMIS after the void encounter claim
- 1/15 - ND MMIS adjudicates all the encounter claims, and then creates the electronic remittance advice (835) that is returned to the submitting MCO

Scenario #1f - Original claim submitted, claim adjusted multiple times in MCO system in the same cycle:

When the MCO has received a claim from the provider, the claim will be adjudicated within the MCO's system and reimbursement to the provider made as appropriate.

The provider then realizes a submission error and submits an adjustment claim (#1) to the MCO. The MCO then processes the adjustment claim. This takes place before the 15th of the month.

Again, the provider realizes a submission error on the adjustment claim #1 and submits an adjustment claim (#2) to the MCO. The MCO then processes this adjustment claim. This takes place before the 15th of the month.

Scenario example timeline:
- 1/1 - the claim was submitted to the MCO by the provider
- 1/5 – the claim is processed by the MCO
- 1/7 – an adjustment claim(#1) is submitted to the MCO by the provider
- 1/10 – the adjustment claim(#1) is processed by the MCO
- 1/12 – an adjustment claim(#2) is submitted to the MCO by the provider
- 1/14 – the adjustment claim(#2) is processed by the MCO
- 1/15 - the original encounter claim for the original claim is submitted to ND MMIS
- 1/15 – the void encounter claim for the original claim is submitted to ND MMIS using the MCO DCN of the original claim as an indicator to identify the claim to void
- 1/15 – the "new" original encounter claim(#1) is submitted to ND MMIS after the void encounter claim
- 1/15 – the void encounter claim for "new" original #1 is submitted to ND MMIS using the MCO DCN as an indicator to identify the claim to void
- 1/15 – the "new" original encounter claim(#2) is submitted to ND MMIS after the associated void encounter claim for adjustment #1
- 1/15 – ND MMIS adjudicates the encounter claims and then creates the electronic remittance advice (835) that is returned to the submitting MCO